

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MAJ</i>	<i>1098101</i>	<i>9/19</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>5-16-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AB</i>	<i>6-22</i>	<i>10-25-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7-27-04
2	7-27-04
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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